

# **ATTACHMENT A**

## **Quarterly Report on Mental Health Services Utilization for Children/Youth in the Child Welfare System**

*Reporting Period: January 1, 2016 to December 31, 2016  
Produced in October 2017*

### **Section I: Background**

To inform efforts to improve mental health service delivery to children in the Child Welfare System (CWS), the California Department of Social Services (CDSS) is working with the Department of Health Care Services (DHCS) to produce reports on Specialty Mental Health Services (SMHS) utilization on a quarterly basis. DHCS currently uses matched data from the CDSS Child Welfare Services/Case Management System (CWS/CMS) and the DHCS Short-Doyle Medi-Cal (SDMC) claiming system. The SDMC and CWS/CMS are used to produce annual [Performance Outcomes System \(POS\) reports](#) summarizing SMHS Medi-Cal claims data for children in the CWS.<sup>1</sup> CDSS' quarterly reports not only increase reporting frequency using the matched data, but also expand upon DHCS' POS reports to include additional relevant information (e.g., CDSS' race/ethnicity data, more granular age groupings, psychotropic medication in conjunction with SMHS). The mental health services data in this report include only SMHS paid claims. Thus utilization rates do not reflect mental health services received through other programs such as school based counseling, Mental Health Services Act programs, and other grant funded services.

### **Section II: Methodology**

This quarterly report provides SMHS utilization for: 1) children with an open child welfare case; and 2) the subset of children with an open child welfare case in foster care (those who resided in out-of-home care during the time period). Data in this report were extracted from the Medi-Cal Management Information System/Decision Support System (MIS/DSS) data warehouse on September 12, 2017, and reflect SMHS utilization for these two groups that occurred from January 1, 2016, through December 31, 2016. Throughout this report, "penetration rates," defined as one or more days of SMHS, and "engagement rates," defined as five or more days of SMHS, are provided to reflect SMHS utilization for the various subgroups.<sup>2</sup> These rates are calculated by obtaining the percent of the total number of children.

---

<sup>1</sup> SDMC data are extracted from the DHCS MIS/DSS. The most recent POS report includes data extracted on August 3, 2016, for State Fiscal Years (SFY) 2011-2012 through 2014-2015.

<sup>2</sup> The definitions for "penetration" and "engagement" were established by DHCS with feedback from subject matter experts who have contributed to the development of the DHCS POS.

## Section III: Overall SMHS Utilization

### SMHS Utilization by Population Groupings

Table 1 shows that during this period, 126,251 children had an open child welfare case. Of these children, **42.1 percent** (53,128) had one or more days of SMHS claims and **31.7 percent** (40,062) had **five or more** days of SMHS claims, which indicates that **75.4 percent** of those with one or more days of SMHS claims had **five or more** days of SMHS claims.

Of the 126,251 children with an open child welfare case, 83,530 were in foster care at some point during the reporting period. Of these children in foster care, **47.2 percent** (39,430) had one or more days of SMHS claims and **36.0 percent** (30,105) had **five or more** days of SMHS claims during their time in foster care, which indicates that **76.4 percent** of those with one or more days of SMHS claims had **five or more** days of SMHS claims.

**Table 1: Specialty Mental Health Service Utilization – Calendar Year (CY) 2016<sup>1,2</sup>**

	Unique Count of Children	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
<b>Children with Open Cases</b>	126,251	53,128	42.1%	40,062	31.7%
<b>Children in Foster Care</b>	83,530	39,430	47.2%	30,105	36.0%

<sup>1</sup> Data Source: CWS/CMS and MIS/DSS extracted on September 12, 2017.

<sup>2</sup> Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

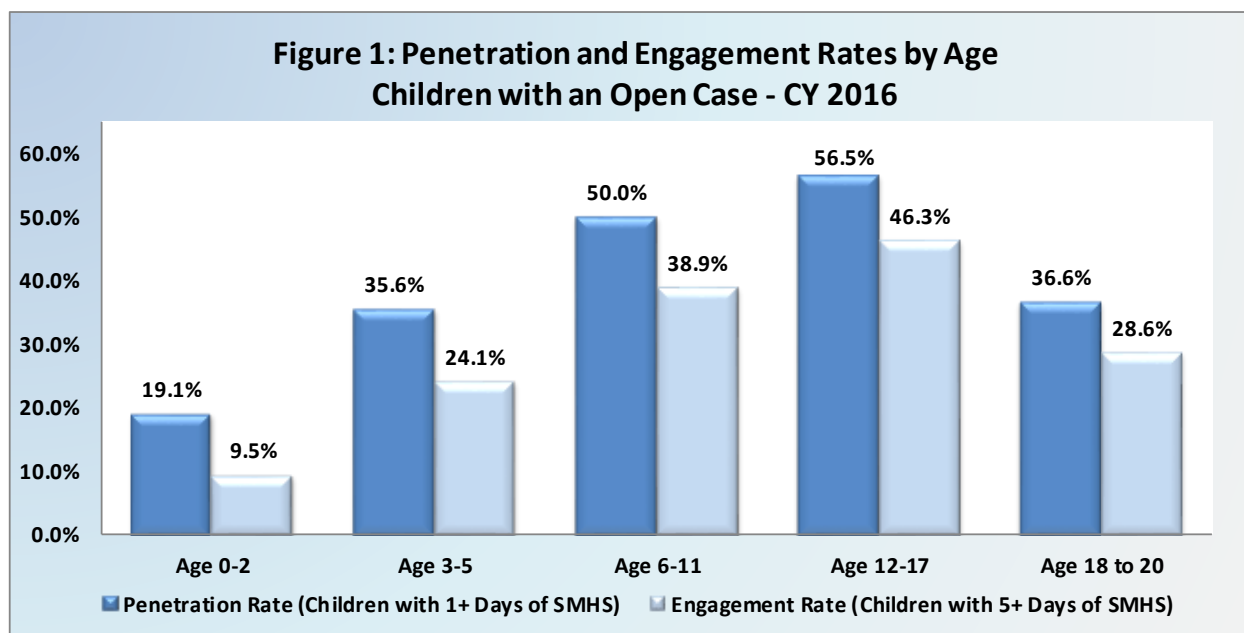
## Section IV: Children/Youth with an Open Child Welfare Case - SMHS Utilization

This section presents SMHS data on the overall population of children with an open child welfare case during CY 2016.

### *Children/Youth with an Open Child Welfare Case: Penetration and Engagement Rates by Age Group*

Figure 1 and Table 2 present SMHS data for children by age group. This report includes an additional age breakout compared to POS reports – 0-5 year olds were split into 0-2 and 3-5 year olds. This additional group was added to reflect clinical practice patterns that initiate psychotherapy at age 3. While some SMHS may be provided prior to age 3, many treatments begin at age 3. Thus, the additional breakout was included to illustrate the increase in access to care that begins at age 3.

Children/youth between the ages of 12 and 17 had the highest engagement rate (46.3 percent) while children age 0 to 2 had the lowest engagement rate (9.5 percent).



**Note:**

Data Source: CWS/CMS and MIS/DSS extracted on September 12, 2017.

Age is calculated as of the last day of the reporting period.

Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

**Table 2: Specialty Mental Health Services by Age Group for Children in an Open Child Welfare Case – CY 2016<sup>1,2</sup>**

Child Age <sup>3</sup>	Total # of Children	Percent by Age	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
0-2	22,936	18.2%	4,385	19.1%	2,168	9.5%
3-5	22,381	17.7%	7,966	35.6%	5,405	24.1%
6-11	36,534	28.9%	18,263	50.0%	14,211	38.9%
12-17	31,467	24.9%	17,779	56.5%	14,578	46.3%
18 to 20	12,933	10.2%	4,735	36.6%	3,700	28.6%
<b>Total</b>	<b>126,251</b>	<b>100%</b>	<b>53,128</b>	<b>42.1%</b>	<b>40,062</b>	<b>31.7%</b>

<sup>1</sup> Data Source: CWS/CMS and MIS/DSS extracted on September 12, 2017.

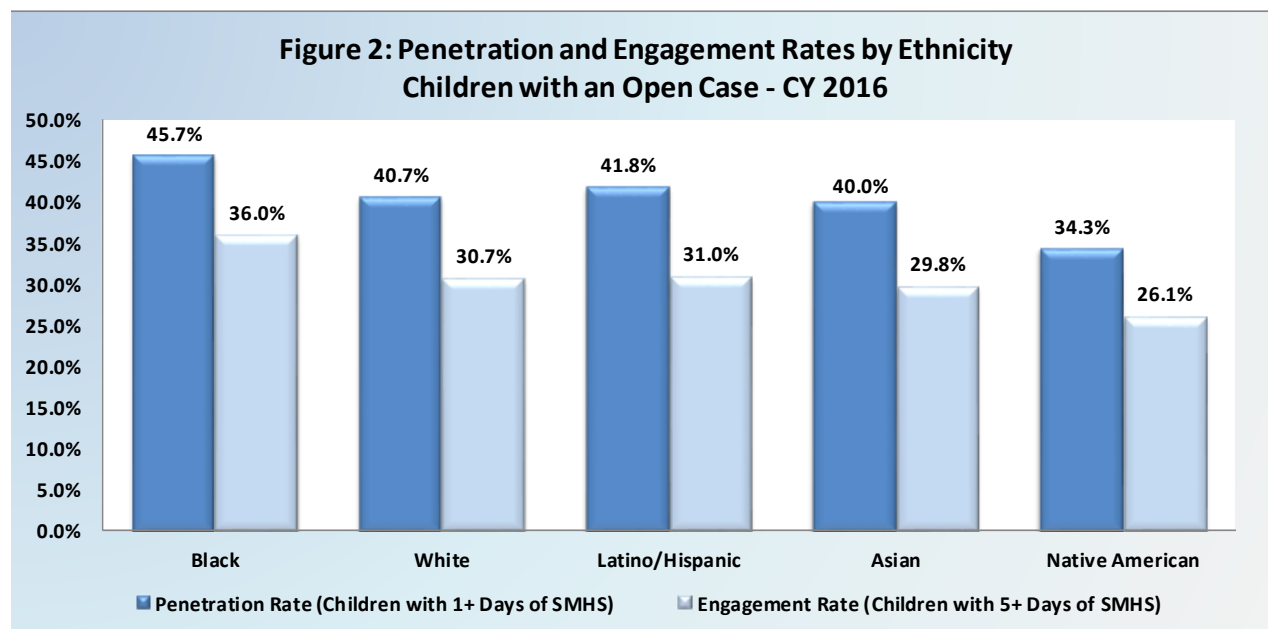
<sup>2</sup> Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

<sup>3</sup> Age is calculated as of the last day of the reporting period.

### ***Children/Youth with an Open Child Welfare Case: Penetration and Engagement Rates by CDSS Race/Ethnicity***

As illustrated in Figure 2 and Table 3 below, the percentage of children with an open child welfare case who received five or more days of SMHS did not differ greatly by ethnicity. A slightly higher proportion (36.0 percent) of Black children received five or more days of services. Engagement rates for Latino, non-Latino White, and Asian American children were comparable (31.0 percent, 30.7 percent, and 29.8 percent, respectively). Native American children had the lowest engagement rates (26.1 percent). Differences must be interpreted with caution as statistical tests were not conducted to determine whether these differences reflect true population differences or random statistical variation.

Note: The race/ethnicity estimates below differ from those in the POS reports due to differences in collection methods for race/ethnicity used by CDSS as compared to DHCS.



**Note:**

Data Source: CWS/CMS and MIS/DSS extracted on September 12, 2017.

Race/Ethnicity is based on CWS/CMS. Child Race/ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

**Table 3: Specialty Mental Health Services by Race/Ethnicity for Children in an Open Child Welfare Case – CY 2016<sup>1, 2</sup>**

Race/Ethnicity <sup>3</sup>	Total # of Children	Percent by Race/Ethnicity	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Black	24,058	19.1%	10,986	45.7%	8,653	36.0%
White	25,817	20.4%	10,501	40.7%	7,934	30.7%
Latino/Hispanic	71,452	56.6%	29,874	41.8%	22,153	31.0%
Asian	2,975	2.4%	1,189	40.0%	886	29.8%
Native American	1,467	1.2%	503	34.3%	383	26.1%
Missing	482	0.4%	75	15.6%	53	11.0%
<b>Total</b>	<b>126,251</b>	<b>100%</b>	<b>53,128</b>	<b>42.1%</b>	<b>40,062</b>	<b>31.7%</b>

<sup>1</sup> Data Source: CWS/CMS and MIS/DSS extracted on September 12, 2017.

<sup>2</sup> Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

<sup>3</sup> Race/Ethnicity is based on CWS/CMS. Child Race/ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

### **Children/Youth with an Open Child Welfare Case: SMHS Utilization by Type of Service**

According to claims data, 97.2 percent of the 51,643 children who received SMHS received a Mental Health Services service type. A large percentage of children received Case Management services (40.1 percent) and Medication Support services (23.3 percent; see Table 4).

**Table 4: Specialty Mental Health Service by Type for Children in an Open Child Welfare Case – CY 2016<sup>1,2</sup>**

<b>SMHS Types<sup>3</sup></b>	<b># of Children with One or More SMHS<sup>4</sup> (53,643)</b>	<b>% of Children with One or More SMHS</b>
Mental Health (MH) Services	51,643	97.2%
Case Management	21,278	40.1%
Medication Support	12,390	23.3%
Intensive Case Coordination (ICC)	11,093	20.9%
Intensive Home Based Services	8,113	15.3%
Crisis Intervention	3,492	6.6%
Therapeutic Behavioral Services (TBS)	2,725	5.1%
Inpatient	2,057	3.9%
Crisis Stabilization	1,853	3.5%
Day Rehabilitation	590	1.1%
Day Treatment	271	0.5%
Psychiatric Health Facility (PHF)	180	0.3%
Crisis Residential	37	0.1%
Adult Residential	11	0.0%

<sup>1</sup> Data Source: CWS/CMS and MIS/DSS extracted on September 12, 2017.

<sup>2</sup> Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

<sup>3</sup> For description of SMHS Types see the [Medi-Cal Specialty Mental Health Services Policy Change Supplement](#).

<sup>4</sup> Child count is unduplicated within each service type but may be duplicated across service types. A child may be counted in several different service types. Values of 10 or under are suppressed.

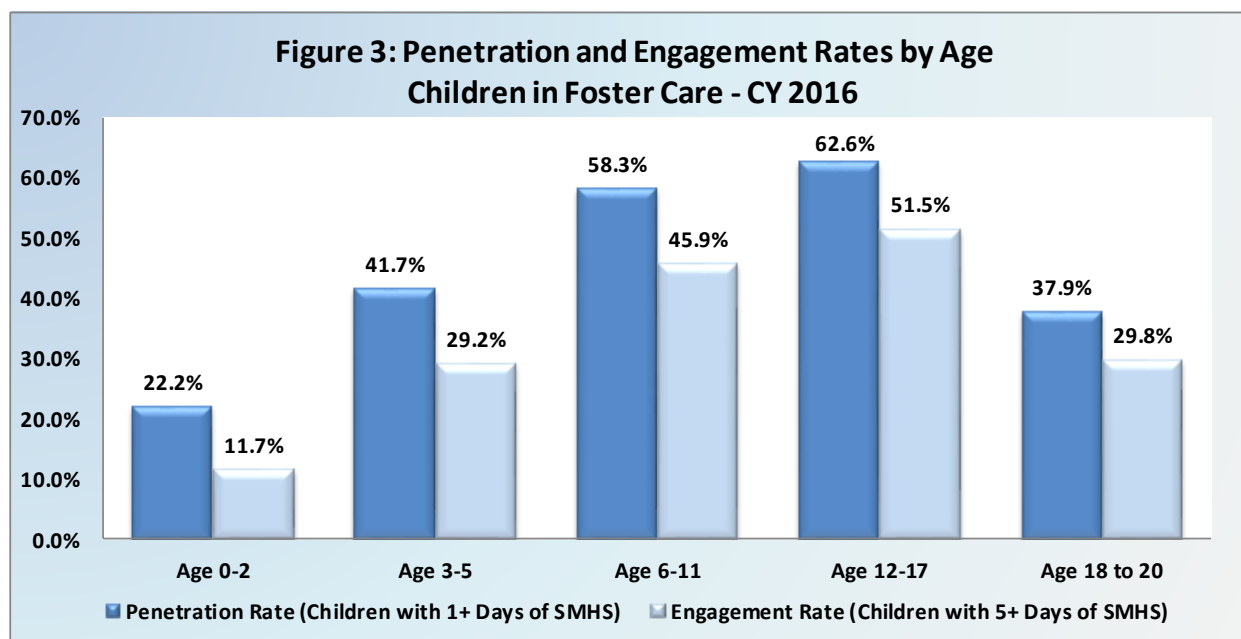
## Section V: Children/Youth in Foster Care - SMHS Utilization

This section presents SMHS data on the subset of children and youth with an open child welfare case who also resided in an out-of-home placement (in foster care) at some point during the time period under review.

Note: In this section, the number of children used to calculate penetration rates (39,430) and engagement rates (30,105) exclude children who were in foster care at some point during the time period but did not receive a SMHS while in care and instead received a SMHS while at home. These children represent a relatively small portion of children in foster care: 1,689 children received their SMHS while they were in their homes.

### ***Children/Youth in Foster Care: Penetration and Engagement Rates by Age Groups***

As noted above, an additional age breakout category was added in this report (compared to POS reports) to capture variation in claims for children ages 0-2 and 3-5. As shown in Figure 3 and Table 5, a greater proportion of school age and adolescent children (age 6-11 and 12-17) received five or more days of SMHS (engagement rates are 45.9 percent and 51.5 percent, respectively) when compared to children ages 0-2 (11.7 percent), 3-5 (29.2 percent), and 18-20 (29.8 percent).



**Note:**

Data Source: CWS/CMS and MIS/DSS extracted on September 12, 2017.

Age is calculated as of the last day of the reporting period.

Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

**Table 5: Specialty Mental Health Services by Age Group for Children in Foster Care – CY 2016<sup>1, 2</sup>**

Child Age <sup>3</sup>	Total # of Children	Percent by Age	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
0-2	15,460	18.5%	3,430	22.2%	1,803	11.7%
3-5	14,203	17.0%	5,917	41.7%	4,142	29.2%
6-11	21,682	26.0%	12,635	58.3%	9,942	45.9%
12-17	21,294	25.5%	13,325	62.6%	10,971	51.5%
18 to 20	10,891	13.0%	4,123	37.9%	3,247	29.8%
<b>Total</b>	<b>83,530</b>	<b>100%</b>	<b>39,430</b>	<b>47.2%</b>	<b>30,105</b>	<b>36.0%</b>

<sup>1</sup> Data Source: CWS/CMS and MIS/DSS extracted on September 12, 2017.

<sup>2</sup> Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

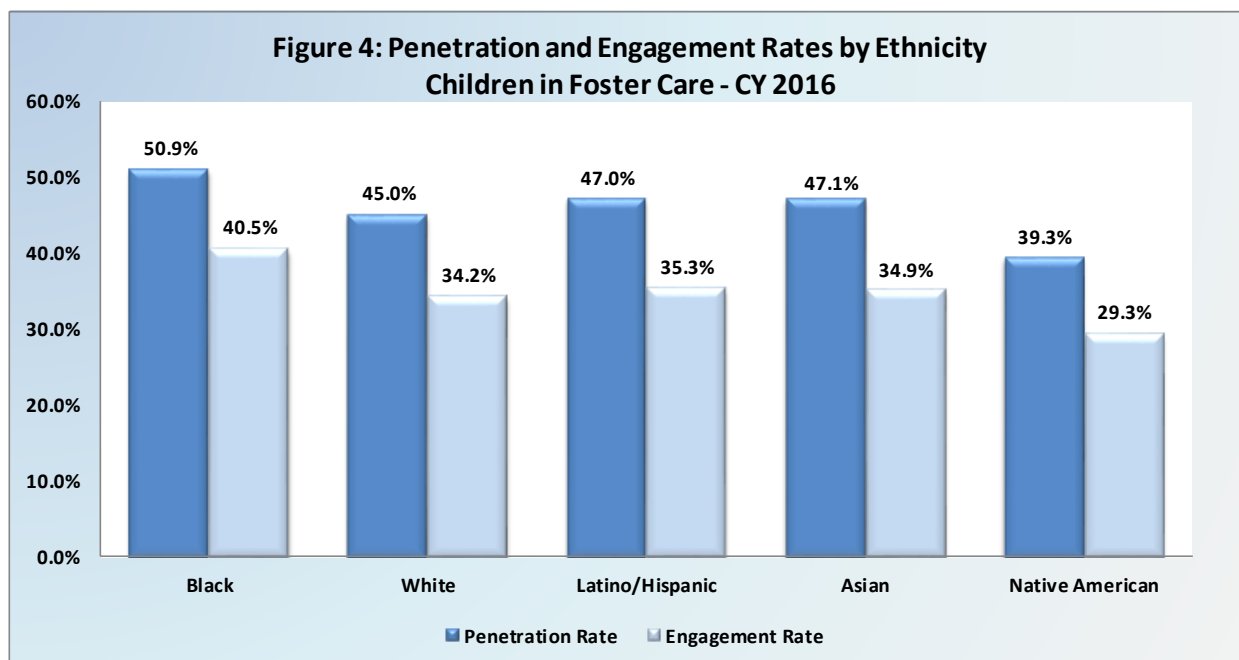
<sup>3</sup> Age is calculated as of the last day of the reporting period.

### ***Children/Youth in Foster Care: Penetration and Engagement Rates by CDSS Race/Ethnicity***

Similar to the findings for the larger group of children with an open child welfare case, children in foster care with SMHS claims did not differ greatly by ethnicity (see Figure 4 and Table 6).

Note: the race/ethnicity estimates below differ from those in the POS reports due to differences in collection methods for race/ethnicity used by CDSS as compared to DHCS.





**Note:**

Data Source: CWS/CMS and MIS/DSS extracted on September 12, 2017.

Race/Ethnicity is based on CWS/CMS. Child Race/ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

**Table 6: Specialty Mental Health Services by Race/Ethnicity for Children in Foster Care – CY 2016<sup>1, 2</sup>**

Race/Ethnicity <sup>3</sup>	Total # of Children	Percent by Race/Ethnicity	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
Black	17,518	21.0%	8,923	50.9%	7,094	40.5%
White	18,843	22.6%	8,478	45.0%	6,450	34.2%
Latino/Hispanic	44,106	52.8%	20,722	47.0%	15,590	35.3%
Asian	1,783	2.1%	840	47.1%	623	34.9%
Native American	1,057	1.3%	415	39.3%	310	29.3%
Missing	223	0.3%	52	23.3%	38	17.0%
<b>Total</b>	<b>83,530</b>	<b>100%</b>	<b>39,430</b>	<b>47.2%</b>	<b>30,105</b>	<b>36.0%</b>

<sup>1</sup> Data Source: CWS/CMS and MIS/DSS extracted on September 12, 2017.

<sup>2</sup> Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

<sup>3</sup> Race/ethnicity is based on CWS/CMS. Child Race/ethnicity is collapsed based on 31 codes from two CWS/CMS variables, one indicating "Race" and the other a "Hispanic Indicator." For children with a positive "Hispanic Indicator" race/ethnicity was categorized as "Latino/Hispanic" regardless of "Race" category.

### SMHS Utilization by CWS Placement Type

As noted previously, 83,530 children with an open child welfare case were in foster care during this time period and of these children, 39,430 received a SMHS. Penetration rates differed by placement type for children in foster care. A higher proportion of children in group homes and county shelters/receiving homes received SMHS (70.9 and 68.6 percent, respectively) than children in other placements (see Table 7). More than half of children placed in foster family homes received one or more SMHS during this time period.

**Table 7: Specialty Mental Health Services by Placement Type for Children in Foster Care – CY 2016<sup>1, 2</sup>**

Last Placement Type <sup>3</sup>	Total # of Children	Children with 1+ Days of SMHS	Penetration Rate
County Shelter/Receiving Home	271	186	68.6%
Group Home	8,736	6,192	70.9%
Foster Family Home	7,083	3,797	53.6%
Foster Family Agency Certified Home	21,268	11,359	53.4%
Relative/NREFM Home	29,957	14,095	47.1%
Non-Foster Care	1,162	510	43.9%
Guardian Home	2,868	781	27.2%
Court Specified Home	244	56	23.0%
Supervised Independent Living Placement	3,523	727	20.6%
Pre-Adoptive	5,926	1,040	17.5%
Missing	803	687	85.6%
<b>Total (not including children served while in home)</b>	<b>81,841</b>	<b>39,430</b>	
<b>In Foster Care at Some Point During Time Period but Served Only While in Home</b>	<b>1,689</b>		
<b>Total</b>	<b>83,530</b>	<b>39,430</b>	<b>47.2%</b>

<sup>1</sup> Data Source: CWS/CMS and MIS/DSS extracted on September 12, 2017.

<sup>2</sup> Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

<sup>3</sup> Placement Type was determined by identifying the child's placement as of the last date of service for those with a SMHS claim, and the child's last placement during the time period for those without a SMHS claim.

<sup>4</sup> Includes children whose placement was in an 'Other' facility (ex. hospital, juvenile hall).

To further characterize mental health utilization for children residing in group homes, penetration rates were examined by group home Rate Classification Level (RCL). RCLs are funding categories which reflect the intensity of services provided at the group home. Group homes are categorized from a level 5 (at the lowest level of service intensity) to a level 14, reflecting the highest intensity of services provided. Thus, children and youth residing in higher level RCLs generally need a higher level of care and supervision than children in lower level RCLs. Analysis of claims data suggests that penetration rates are generally higher for children and youth in higher RCL homes than for those in lower RCL homes (see Table 8). Penetration rates were highest in RCL 14 homes: 95.2 percent of child welfare supervised and 92.3 percent of probation supervised children and youth in these homes had one or more days of SMHS.

**Table 8: Specialty Mental Health services by Group Home RCLs for Children in Foster Care – CY 2016<sup>1, 2</sup>**

Group Home RCL	Total # of Children	Percent by RCL	Children with 1+ Days of SMHS	Penetration Rate
<b>Child Welfare Supervised Group Home RCL</b>				
5 to 9	327	6.2%	263	80.4%
10	619	11.8%	479	77.4%
11	664	12.6%	505	76.1%
12	2,409	45.8%	1,997	82.9%
14	334	6.3%	318	95.2%
Unknown or No RCL <sup>3</sup>	908	17.3%	724	79.7%
<b>Total</b>	<b>5,261</b>	<b>100%</b>	<b>4,286</b>	<b>81.5%</b>
<b>Probation Supervised Group Home RCL</b>				
5 to 9	31	0.9%	11	35.5%
10	541	15.6%	178	32.9%
11	234	6.7%	67	28.6%
12	1,849	53.2%	1,244	67.3%
14	91	2.6%	84	92.3%
Unknown or No RCL <sup>3</sup>	729	21.0%	322	44.2%
<b>Total</b>	<b>3,475</b>	<b>100%</b>	<b>1,906</b>	<b>54.8%</b>

<sup>1</sup> Data Source: CWS/CMS and MIS/DSS extracted on September 12, 2017.

<sup>2</sup> Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

<sup>3</sup> Group homes with unknown or no RCLs are located out of state or do not receive a federal AFDC-FC payment (examples include regional center homes and county-run facilities).

### **Children/Youth in Foster Care: SMHS Utilization by Type of Service**

According to claims data, 96.8 percent of the 39,430 children in foster care who received SMHS received a Mental Health Services service type. A large percentage of children received Case Management services (40.7 percent) and Medication Support services (26.0 percent; see Table 9).

**Table 9: Specialty Mental Health Service by Types for Children in Foster Care – CY 2016<sup>1, 2</sup>**

<b>SMHS Types<sup>3</sup></b>	<b># of Children with One or More SMHS while in Foster Care<sup>4</sup> (39,430)</b>	<b>% of Children with One or More SMHS</b>
Mental Health (MH) Services	38,179	96.8%
Case Management	16,034	40.7%
Medication Support	10,242	26.0%
Intensive Case Coordination (ICC)	8,335	21.1%
Intensive Home Based Services	5,645	14.3%
Crisis Intervention	2,711	6.9%
Therapeutic Behavioral Services (TBS)	2,288	5.8%
Inpatient	1,558	4.0%
Crisis Stabilization	1,545	3.9%
Day Rehabilitation	572	1.5%
Day Treatment	247	0.6%
Psychiatric Health Facility (PHF)	159	0.4%
Crisis Residential	30	0.1%
Adult Residential	*	*

<sup>1</sup> Data Source: CWS/CMS and MIS/DSS extracted on September 12, 2017.

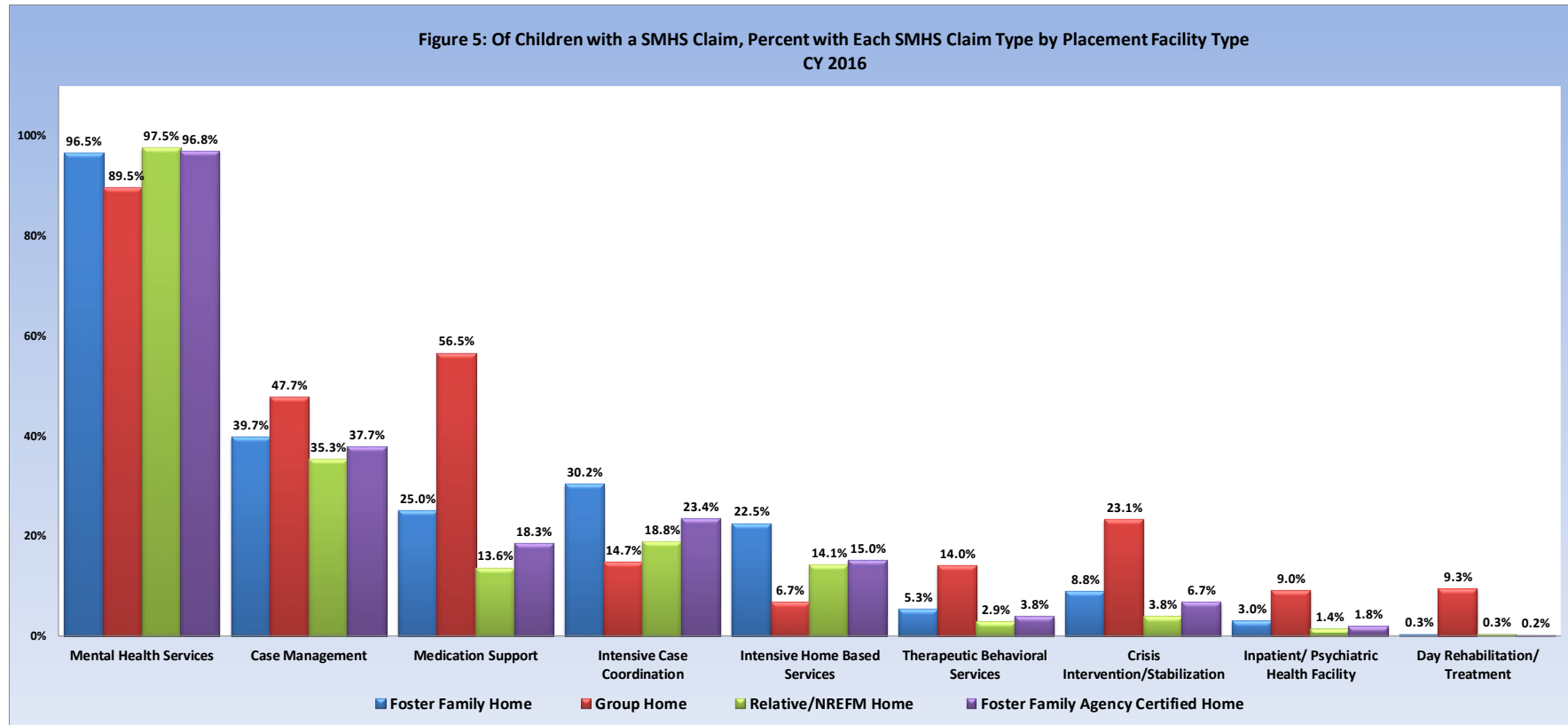
<sup>2</sup> Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

<sup>3</sup> For description of SMHS Types see the [Medi-Cal Specialty Mental Health Services Policy Change Supplement](#).

<sup>4</sup> Child count is unduplicated within each service type but may be duplicated across service types. A child may be counted in several different service types. Values of 10 or under are suppressed.

Further analysis of SMHS utilization by service type examines children served by placement facility type. Figure 5 and Table 10 display the number and percent of children served within the four main placement facility types by the type of SMHS claim. For example, 96.9 percent of children who had a claim for SMHS while placed in foster family homes had a claim for Mental Health Services while 89.8 percent of children who had a claim for SMHS while placed in group homes had a claim for Mental Health Services.

Results indicate that a higher percentage of children served while in group homes have claims for crisis services, inpatient, and day rehabilitation/treatment, and a lower percentage of children had claims for ICC and IHBS relative to children served while in family home placement settings. The low percentages of children in group homes receiving ICC and IHBS are consistent with policies in place that restrict the use of ICC and IHBS services in group homes.



**Note:**

Data Source: CWS/CMS and MIS/DSS extracted on September 12, 2017.

Non-SMHS provided through non-Medi-Cal funded school services, grant-funded, or Mental Health Services Act funded services are excluded .

**Table 10: Of Children with a SMHS Claim, Number and Percent with Each SMHS Claim Type by Placement Facility Type – CY 2016<sup>1,2</sup>**

Placement Facility Type	Total Child Count <sup>4</sup>	Mental Health Services <sup>3</sup>		Case Management		Medication Support		Intensive Case Coordination		Intensive Home Based Services		Therapeutic Behavioral Services		Crisis Intervention/ Stabilization		Inpatient/ Psychiatric Health Facility		Day Rehabilitation/ Treatment	
	n	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Foster Family Home	5,204	5,022	96.5%	2,064	39.7%	1,300	25.0%	1,574	30.2%	1,169	22.5%	275	5.3%	459	8.8%	156	3.0%	17	0.3%
Group Home	7,764	6,947	89.5%	3,701	47.7%	4,386	56.5%	1,138	14.7%	518	6.7%	1,086	14.0%	1,797	23.1%	699	9.0%	721	9.3%
Relative/ NREFM Home	15,656	15,270	97.5%	5,525	35.3%	2,125	13.6%	2,948	18.8%	2,211	14.1%	451	2.9%	602	3.8%	212	1.4%	44	0.3%
Foster Family Agency Certified Home	14,214	13,762	96.8%	5,361	37.7%	2,608	18.3%	3,320	23.4%	2,138	15.0%	543	3.8%	952	6.7%	260	1.8%	25	0.2%

<sup>1</sup> Data Source: CWS/CMS and MIS/DSS extracted on September 12, 2017.

<sup>2</sup> Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

<sup>3</sup> For description of SMHS Types see the [Medi-Cal Specialty Mental Health Services Policy Change Supplement](#).

<sup>4</sup> Child count is unduplicated within each placement facility type but may be duplicated across placement facility types. A child may be counted in several different placement facility types.

### **Children/Youth in Foster Care: SMHS Utilization for Children/Youth Who Have a Paid Claim for a Psychotropic Medication**

Statewide efforts have focused on examining the use of psychotropic medications to treat children in foster care. This report provides data regarding the utilization of SMHS by children ages 0-17 in foster care who had Medi-Cal paid claims for psychotropic medications. It should be noted that SMHS claims data include the various types of services listed in Tables 4 and 9.

As illustrated in Table 11 below, psychotropic medication claims were paid for 8,766 children and youth in foster care. Of these children, 7,598 (86.7 percent) also had a claim for at least one SMHS during the same time period, while 7,107 (81.0 percent) had five or more days of SMHS.

Of all the children who received a paid claim for a psychotropic medication, 3,090 children received at least one paid claim for an antipsychotic medication, while the remaining received a paid claim for other drug classes of psychotropic other than antipsychotic. Of the children for whom a claim for antipsychotic was paid, 88.5 percent (2,735) received at least one corresponding SMHS, while 83.6 percent received five or more days of SMHS. These rates were slightly higher than children on other psychotropic medications.

**Table 11: Utilization of Specialty Mental Health Services for Children<sup>1</sup> in Foster Care with a Paid Claim for Psychotropic Medication<sup>2</sup> – CY 2016<sup>1</sup>**

Medication Type	Children in Foster Care with a Paid Claim for Psychotropic Medication <sup>4</sup>	Children with 1+ Days of SMHS	Penetration Rate	Children with 5+ Days of SMHS	Engagement Rate
<b>All Psychotropic</b>	<b>8,766</b>	<b>7,598</b>	<b>86.7%</b>	<b>7,107</b>	<b>81.0%</b>
Antipsychotic <sup>5</sup>	3,090	2,735	88.5%	2,583	83.6%
Other Psychotropic <sup>6</sup>	5,676	4,863	85.7%	4,524	79.7%

<sup>1</sup> Unduplicated children ages 0-17 were included.

<sup>2</sup> Data source: CWS/CMS 2017Q1 Extract and MIS/DSS June 2017 Extract

<sup>3</sup> Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

<sup>4</sup> Data for children in foster care with a Medi-Cal paid claim for psychotropic medication ([Measure 5a](#)) was matched to children with a paid claim for a SMHS during an open foster care episode.

<sup>5</sup> Children who received at least one paid claim for an antipsychotic medication.

<sup>6</sup> Number of children who received a paid claim for other drug classes of psychotropic medications exclusive of antipsychotic medications.

### ***Children/Youth in Foster Care: Timeliness of SMHS Utilization for Children/Youth Who Have a Paid Claim for a Psychotropic Medication***

The length of time between a paid claim for medication and a SMHS claim was calculated to explore the extent to which children received SMHS in conjunction with their receipt of psychotropic medication. The majority of children (96.8 percent) had a SMHS claim submitted within 30 days of their psychotropic medication claim (see Table 12).

**Table 12: Number of days between a Paid Claim for Psychotropic Medication and a Specialty Mental Health Service<sup>1, 2</sup> – CY 2016<sup>3</sup>**

<b>Number of Days</b>	<b># of Children<sup>4</sup> with a Paid Claim for Psychotropic Medication with 1+ Days of SMHS</b>	<b>Percent</b>
30 days or less	7,353	96.8%
31-60 days	102	1.3%
61-90 days	48	0.6%
91-120 days	33	0.4%
121-365 days	62	0.8%
<b>Total</b>	<b>7,598</b>	<b>100.0%</b>

<sup>1</sup> Data source: CWS/CMS 2017 Q1 Extract and MIS/DSS June 2017 Extract

<sup>2</sup> Data for children in foster care with a Medi-Cal paid claim for psychotropic medication ([Measure 5a](#)) was matched to children with a paid claim for a SMHS during an open foster care episode.

<sup>3</sup> Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

<sup>4</sup> Unduplicated children ages 0-17 were included.

### ***Children/Youth in Foster Care: SMHS Utilization Excluding Medication Support for Children/Youth Who Have a Paid Claim for a Psychotropic Medication***

To further characterize mental health service utilization for children in foster care receiving psychotropic medications, SMHS claims were analyzed excluding medication support. The intent of this analysis was to determine whether there were children receiving psychotropic medication who only received medication support and did not receive other SMHS. The penetration rates did not differ substantially from penetration rates that included medication support: 86.7 percent of children with a psychotropic medication claim received an SMHS including medication support, 84.9 percent received concurrent SMHS excluding medication support. This suggests most children who are prescribed psychotropic medication receive SMHS, with only a small portion of those youth only receiving medication support. Engagement rates and timeliness of services for children with psychotropic medications also were similar when excluding medication support (see Tables 12 and 13).



**Table 13: Utilization of Specialty Mental Health Services Excluding Medication Support for Children<sup>1</sup> in Foster Care with a Paid Claim for Psychotropic Medication<sup>2</sup> – CY 2016<sup>3</sup>**

Medication Type	Children in Foster Care with a Paid Claim for Psychotropic Medication <sup>4</sup>	Children with 1+ Days of SMHS Excluding Medication Support	Penetration Rate	Children with 5+ Days of SMHS Excluding Medication Support	Engagement Rate
<b>All Psychotropic</b>	<b>8,766</b>	<b>7,443</b>	<b>84.9%</b>	<b>7,029</b>	<b>80.2%</b>
Antipsychotic <sup>5</sup>	3,090	2,687	87.0%	2,553	82.6%
Other Psychotropic <sup>6</sup>	5,676	4,756	83.8%	4,476	78.9%

<sup>1</sup> Unduplicated children ages 0-17 were included.

<sup>2</sup> Data source: CWS/CMS 2017Q1 Extract and MIS/DSS June 2017 Extract

<sup>3</sup> Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

<sup>4</sup> Data for children in foster care with a Medi-Cal paid claim for psychotropic medication ([Measure 5a](#)) was matched to children with a paid claim for a SMHS during an open foster care episode.

<sup>5</sup> Children who received at least one paid claim for an antipsychotic medication.

<sup>6</sup> Number of children who received a paid claim for other drug classes of psychotropic medications exclusive of antipsychotic medications.

**Table 14: Number of days between a Paid Claim for Psychotropic Medication and a Specialty Mental Health Service Excluding Medication Support <sup>1, 2</sup> – CY 2016<sup>3</sup>**

Number of Days	# of Children <sup>4</sup> with a Paid Claim for Psychotropic Medication with 1+ Days of SMHS Excluding Medication Support	Percent
30 days or less	7,147	96.0%
31-60 days	115	1.6%
61-90 days	66	0.9%
91-120 days	36	0.5%
121-365 days	79	1.1%
<b>Total</b>	<b>7,443</b>	<b>100.0%</b>

<sup>1</sup> Data source: CWS/CMS 2017Q1 Extract and MIS/DSS June 2017 Extract

<sup>2</sup> Data for children in foster care with a Medi-Cal paid claim for psychotropic medication ([Measure 5a](#)) was matched to children with a paid claim for a SMHS during an open foster care episode.

<sup>3</sup> Non-SMHS provided through non-Medi-Cal-funded school services, grant-funded, or Mental Health Services Act funded services are excluded.

<sup>4</sup> Unduplicated children ages 0-17 were included.

## **Section VI: Conclusion**

This report presents an analysis of SMHS utilization by children with open child welfare cases, including focused analyses on children in foster care. The results suggest that a substantial percentage of children (42.1 percent) received at least one or more days of SMHS, and the majority of these children (75.4 percent) received five or more days of SMHS. Differences in service utilization by demographic characteristics were minimal, however, a greater proportion of children ages 6-17 received SMHS. Fewer very young children (5 and younger) and older youth (18 and older) received services. A greater proportion of children in group homes received services than children in other placements. Further, the majority (86.7 percent) of children on psychotropic medication received at least one corresponding SMHS. This report represents an effort to characterize services for children in the CWS.